



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSD
24 MAR 5 PM 2:22:2

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 17255		2. Exact name of the Corporation Holiday Auto Inc			
3. Principal Office Address 1295 High Street			City Central Falls	State RI	Zip 02863
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation Rhode Island		motor vehicle sales and service			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name James W Valentine JR			Vice-President Name Dolores M Correia		
Street Address 182 Sabin St			Street Address 231 Minerva Ave		
City Pawtucket	State RI	Zip 02860	City Cumberland	State RI	Zip 02864
Secretary Name Dolores M Correia			Treasurer Name Carlos A Correia		
Street Address 231 Minerva Ave			Street Address 231 Minerva Ave		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Dolores M Correia			Director Name Carlos A Correia		
Street Address 231 Minerva Ave			Street Address 231 Minerva Ave		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 shares	Common	NO Par value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative James W Valentine JR					Date 3/1/24
Signature of Authorized Representative 					FILED

MAR 05 2024
BY ML ZHAPD